Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: C & Z HOME CARE (310209)

Address: 7762 W POTOMAC AVE, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 06/06/1996

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Survey ID: 0096778 End Date: 04/03/2006 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10011846 Served 04/26/2006

		Compliance	
Deficiencies Cited	Subject Area	Veri fied	Corrected
50.03(5g)	LICENSING, POWERS AND DUTIES	06/13/2006	No
83.05(2)(b)	CLASS A SEMIAMBULATORY (AS)	06/13/2006	Yes
83.11(3)(a)	RESPONSIBILITIES	06/13/2006	No
83.17(1)	RESIDENT FUNDS-AUTHORIZATION	06/13/2006	Yes
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	06/13/2006	Yes
83.21(4)(1)	CLOTHING AND POSSESSIONS	06/13/2006	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	06/13/2006	No
83.32(2)(d)	REVIEW OF PROGRESS	06/13/2006	No
83.33(2)(c)	LEISURE TIME ACTIVITIES	06/13/2006	Yes
83.33(2)(d)	COMMUNITY ACTIVITIES	06/13/2006	No
83.33(4)(h)	ACTIVITY PROGRAMMING FOR DEMENTIA	06/13/2006	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	06/13/2006	Yes
83.35(3)(a)	MENU PLANNING	06/13/2006	Yes
83.35(3)(b)	MENU DATED AND KEPT ON FILE	06/13/2006	Yes
83.41(1)(a)2	BEDROOMS ENCLOSED BY WALLS AND DOORS	06/13/2006	Yes
83.41(3)(a)1.a	MINIMUM CONGREGATE LIVING AREA	06/13/2006	Yes
83.41(3)(a)2	DINING FACILITIES SO ALL CAN EAT	06/13/2006	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	06/13/2006	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	06/13/2006	Yes
83.52(2)(b)	TYPE 3 WITH SPRINKLER AND DETECTOR	06/13/2006	Yes
83.53(1)(a)	NUMBER & TYPES OF EXITS & PASSAGEWAYS	06/13/2006	Yes

Survey ID: 0095671 End Date: 10/03/2005 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008284 Served 10/11/2005

Deficiencies Cited Subject Area Subject Area

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN

Bureau of Quality Assurance
P.O. Box 2969

Madison WI 53701-2969

Survey ID: 0091490 End Date: 09/17/2003 Type: OTHER Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008622 Served 11/12/2003

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.11(3)(a)	RESPONSIBILITIES	10/03/2005	Yes
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	10/03/2005	Yes
83.16(1)	ADMISSIONS AGREEMENT	10/03/2005	Yes
83.21(2)(a)	EXPLANATION OF RESIDENT RIGHTS	10/03/2005	Yes
83.21(4)(w)	SAFE ENVIRONMENT	10/03/2005	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	10/03/2005	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	10/03/2005	Yes
83.32(2)(c)2	ANNUAL EVALUATION UPDATED	10/03/2005	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	10/03/2005	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	10/03/2005	Yes
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS	10/03/2005	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	10/03/2005	Yes
83.42(3)(a)	EMERGENCY PLAN	10/03/2005	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	10/03/2005	Yes
83.51(3)(b)	CHUTES SHALL HAVE SELF-CLOSING DOORS	10/03/2005	Yes

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Enforcement History

Date: 04/21/2006 SOD #10011846 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

REVOKE LICENSE

NO NEW ADMISSIONS

FORFEITURE---83.19(1)(d)

FORFEITURE---83.21(4)(p)

FORFEITURE---83.32(2)(d)

FORFEITURE---83.35(2)

FORFEITURE---83.42(3)(e)

Date: 10/07/2005 SOD #10008284 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.14(3)

Date: 11/10/2003 SOD #10008622 Appealed: Yes Decision: STIPULATION

Sanctions

OTHER SANCTION

FORFEITURE---83.14(2)

FORFEITURE---83.16(1)

FORFEITURE---83.21(4)(w); 83.41(5)(d)2

FORFEITURE---83.32(2)(c)1

FORFEITURE---83.32(2)(c)2; 83.32(3)

FORFEITURE---83.33(2)(g)1

FORFEITURE---83.33(3)(e)2.a

FORFEITURE---83.43(3)(b)1

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Complaint History							
Date Complaint Received: 03/27/2006	Date Investigation Completed: 06/13/2006						
Subject Area(s)	Result	SOD#					
RESIDENT RIGHTS	SUBSTANTIATED	10011873					
PHYSICAL PLANTS & SAFETY HAZARDS	SUBSTANTIATED	10011873					
Date Complaint Received: 11/15/2005	Date Investigation Completed: 04/03/2006						
Subject Area(s)	Result	<u>SOD #</u>					
LICENSED CAPACITY /CLASS OF LICENSE	SUBSTANTIATED	10011846					
RESIDENT RIGHTS	SUBSTANTIATED	10011846					
ABUSE	SUBSTANTIATED	10011846					
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	10011846					
PHYSICAL PLANTS & SAFETY HAZARDS	SUBSTANTIATED	10011846					
NUTRITION & FOOD SERVICES	SUBSTANTIATED	10011846					
MEDICATIONS	NOT SUBSTANTIATED						
ADMINISTRATION	SUBSTANTIATED	10011846					
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	10011846					
PROGRAM SERVICES	SUBSTANTIATED	10011846					
Date Complaint Received: 09/05/2003 Date Investigation Completed: 09/18/2003							
Subject Area(s)	Result	<u>SOD #</u>					
RESIDENT RIGHTS	NOT SUBSTANTIATED						